FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMD Assessed								

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response . . . 16.00

SEC USE ONLY						
Prefix 	Serial I					
DATE RECEIVED						
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	076
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	Mail Processing
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6	
Type of Filing: ☑ New Filing ☐ Amendment	JAN 1 6 2008
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change. Freestone Capital Partners Ltd.	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Freestone Capital Management Inc., 1191 Second Avenue, Suite 2100, Seattle, WA 98101	Telephone Number (Including Area Code) (206) 398-1100
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Private investment company	·
	specify): Cayman Islands exempted
□ corporation □ limited partnership, already formed company □ business trust □ limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year	M JAN 2'8 2008
GENERAL INSTRUCTIONS	THOMSON FINANCIAL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Part B and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00)

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10%	or more of a class of								
 equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing parts 	nere of northership iscuere:								
and	icis of paraicisinp issuers,								
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Direct	General and/or Managing Partner								
Full Name (Last name first, if individual) Miyoshi, Ken									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Freestone Capital Management Inc., 1191 Second Avenue, Suite 2100, Seattle, WA 98101									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Direct	ctor								
Full Name (Last name first, if individual) Young, Justin									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Freestone Capital Management Inc., 1191 Second Avenue, Suite 2100, Seattle, WA 98101									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Direct	ctor General and/or Managing Partner								
Full Name (Last name first, if individual) Guilfoyle, Ronan									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Freestone Capital Management Inc., 1191 Second Avenue, Suite 2100, Seattle, WA 98101									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	ctor General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Direct	etor General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	tor General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:	tor □General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING															
	.					411.				<u>~~~</u>		~~			
1. F	las the	issuer s	old or	does th								rs in this offering?	Yes □	No ⊠	
					Α	nswer	also in	Арреп	dix, Co	olumn 2	, if fili	ng under ULOE.			
2. V	Vhat is	the min	imum	investr	nent th	at will	be acce	pted fr	om an	y indivi	dual?			<u>\$500.</u>	000
3. Ľ										Yes ⊠	Νο □				
00 21 85	ommiss ffering. nd/or w	ionor Ifap ithast	similar erson t ate or s	remur o be lis states, l	neration sted is list the	n for so an asso name	olicitati ociated of the l	on of p person proker	purcha: or ago or deal	sers in ent of a er. If:	connections to the connection of the connection	or given, directly etion with sales of ror dealer register nan five (5) person tion for that broke	securities in the sed with the SEC is to be listed are		
Full 1	Vame (I	ast nai	me firs	t, if ind	lividual)		•							
N/A															
Busin	ess or l	Residen	ice Ado	dress (1	Vumber	and S	treet, C	ity, St	ate, Zip	Code)					
Name	of Ass	ociated	Broke	er or De	ealer		 								
(Che		States	s" or c	heck i	ndivid	ual Sta	itcs)						. All States	•	
	(AK)							-	(FL)						
[IL]	(IN)	[IA]	(KS)	[KY]	(LA)	[ME]	(MD)	[MA]	(MI)	[MN]	(MS)	(MO)			
(MT) [RI]	(NE)	(NV) (SD)	[NH] [TN]	(NJ) [TX]	(MM) (UT)	[NY] [VT]	(NC) (VA)	(MD) [WA]	(WV)	(OK)	(OR) [WY]	(PA) (PR)			
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Busin	ess or I	Residen	ce Add	iress (1	Number	and S	treet, C	ity, Sta	ate, Zip	Code)					
Name	of Ass	ociated	Broke	r or De	aler									···	
	in Wh										-				
(Chec	k "All (AK)	States [AZ]	orc [AR]	neck 11 [CA]	ndividi [CO]	ual Sta [CT]	ites) [DE]	(DC)	(FL)	[GA]	[HI]	[ID]	☐ All States		
[IL]	(IN)	(AZ)	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	(MS)	[MO]			
(MT)	[NE]	[NV]	(NH)	[[[]]	[NM]	[YK]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)			
Full N	lame (I	ast nar	ne first	, if ind	ividual)						, ,			·
Busin	ess or F	Residen	ce Ado	iress (N	lumber	and St	ireet, C	ity, Sta	ite, Zip	Code)			 		<u>.</u>
Name	of Ass	ociated	Broke	r or De	aler										.
	in Wh								licit Pu	rchaser	S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ All States		
(AL)		[AZ]			[CO]		(DE)	(DC)	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	(MN)	(RM)	[MO]			
[MT]	[NE]	[NV]	[NH]	[UJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	(PA)			
[RI]	[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)			

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PI	ROCEEDS
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer	ıt	
ing, check this box and indicate in the column below the amounts of the securities of fered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	. \$0	\$ -0-
Equity: Shares of Class A Common	\$ 1,000,000,000*	\$ 35,118,750
□ Preferred		
Convertible Securities (including warrants)	. \$0-	\$ -0-
Partnership Interests	. \$ -0-	\$ -0-
Other (Specify)	. \$ -0-	\$ -0-
Total		\$ 35,118,750
Answer also in Appendix, Column 3, if filing under ULOE		,
2. Enter the number of accredited and non-accredited investors who have purchased securitie in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	•	
	Number Investors	Aggregate Dollar Amount Of Purchases
Accredited Investors	53	\$ 35,118,750*
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	N/A	\$ N/A
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for al securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12 months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.)	
Type of offering	Туре	Dollar Amount
	Security	Sold
Rule 505	N/A	\$ <u>N/A</u>
Regulation A	N/A	\$ N/A
Rule 504	N/A	\$ N/A
Total	N/A	\$ <u>N/A</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of ar expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
Transfer Agent's Fees		\$
Printing and Engraving Costs	_	\$3,000
Legal Fees		\$ 40,000
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (Specify finder's fees separately)		\$
Other Expenses (identify) <u>filing fees</u>	⊠	\$ 5,000
Total	X	\$ 48,000
*The issuer is offering an unlimited dollar amount of common shares to accredited investors. The issuer does not expect to shares. Actual sales may be significantly lower.	sell in excess of \$1,000	,000,000 in common

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF P	ROCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer".		\$999,952,000		
5.	Indicate below the amount of the adjusted proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.				
		Payments to Officers, Directors, & Affiliates	Payments To Others		
	Salaries and fees	\$ 0.00	\$		
	Purchase of real estate	\$ 0.00	\$		
	Purchase, rental or leasing and installation of machinery and equipment	\$ 0.00	\$		
	Construction or leasing of plant buildings and facilities	\$ <u>0.00</u>	\$		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of	t 0.00			
	another issuer pursuant to a merger		\$		
	Repayment of indebtedness				
	Working capital		\$		
	Other (specify) Investment Capital	\$ 0.00	_⊠ \$ <u>999,952,000</u>		
		\$ 0.00	\$		
	Column Totals	\$ <u>0.00</u>			
	Total Payments Listed (column totals added)	⊠ \$	999,952,000		
	D. FEDERAL SIGNATURE				
follo	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this owing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excuest of its staff, the information furnished by the issuer to any non-accredited investor pursuant to p	hange Commis	sion, upon written		
	er (Print or Type) Signature Date	.0 2000			
	ne of Signer (Print or Type) January Tipe of Signer (Print or Type)	10 , 2008			
Just	tin Young Director				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)